

MDR Tracking Number: M2-03-1166-01  
IRO Certification# 5259

June 23, 2003

An independent review of the above-referenced case has been completed by a chiropractic physician. The appropriateness of setting and medical necessity of proposed or rendered services is determined by the application of medical screening criteria published by \_\_\_\_ or by the application of medical screening criteria and protocols formally established by practicing physicians. All available clinical information, the medical necessity guidelines and the special circumstances of said case was considered in making the determination.

The independent review determination and reasons for the determination, including the clinical basis for the determination, is as follows:

See Attached Physician Determination

\_\_\_\_ hereby certifies that the reviewing physician is on Texas Workers' Compensation Commission Approved Doctor List (ADL). Additionally, said physician has certified that no known conflicts of interest exist between him and any of the treating physicians or providers or any of the physicians or providers who reviewed the case for determination prior to referral to \_\_\_\_.

#### CLINICAL HISTORY

The patient is apparently injured at work when she fainted and fell backwards. She was transported via EMS to the Hospital ER. X-rays and a CT scan were performed. The patient saw multiple physicians for several different complaints before presenting to chiropractor, \_\_\_\_\_. An MRI was performed suggesting diffuse degenerative disc changes and disc protrusions at C4/5 and C5/6 levels. She was referred and underwent nerve condition studies. She was seen by neurosurgeon, \_\_\_\_\_, on 04/03/02 and found with post traumatic degenerative disc herniation with left shoulder and arm radiculopathy. Cervical myelogram and post-myelogram CT are ordered. EMG and nerve conduction studies are also ordered. Cutaneous EMG appears to be performed and it is suggested that C7 radiculopathy is present, but actual report for this study is not submitted for review. There is also mention of a 6/2002 EMG study of essentially normal findings. Patient appears to receive another EMG/NCV study on or about 10/15/02 with a \_\_\_\_\_. This study suggests no evidence of cervical radiculopathy but rather suggests mild right carpal tunnel syndrome. Chiropractic notes are submitted from 09/05/01 to 05/21/03 suggesting no significant change in patient's condition. Apparently a repeat EMG is requested by \_\_\_\_\_ and/or a \_\_\_\_\_. This appears to be the item under dispute.

#### REQUESTED SERVICE (S)

Repeat EMG/NCV of the upper extremities

#### DECISION

10/15/02 EMG/NCV study performed by \_\_\_\_\_ suggests normal study of the right arm with no evidence of cervical radiculopathy. There is also mention in reporting of normal study

from 06/2002. Medical necessity for repeat EMG/NCV, given these findings is not supported.

RATIONALE/BASIS FOR DECISION

With reported negative findings objectively documented, I am aware of no clinical rationale supporting repeat diagnostic procedures of this nature.

YOUR RIGHT TO REQUEST A HEARING

Either party to this medical dispute may disagree with all or part of the decision and has a right to request a hearing.

**If disputing a spinal surgery prospective decision** a request for a hearing must be in writing, and it must be received by the TWCC Chief Clerk of Proceedings within **10** (ten) calendar days of your receipt of this decision (20 Tex. Admin. Code 142.5©)

**If disputing other prospective medical necessity (preauthorization) decisions** a request for a hearing must be in writing, and it must be received by the TWCC Chief Clerk of Proceedings within **20** (twenty) calendar days of your receipt of this decision (28 Tex. Admin. Code 148.3)

This decision is deemed received by you 5 (five) days after it was mailed or the date of fax (28 Tex. Admin. Code 102.4(h) or 102.5(d)). A request for a hearing and a **copy of this decision** must be sent to:

Chief Clerk of Proceedings/Appeals Clerk  
Texas Workers' Compensation Commission  
P.O. Box 17787  
Austin, Texas 78744

Or fax the request to (512) 804-4011. A copy of this decision must be attached to the request.

The party appealing the decision shall deliver a copy of its written request for a hearing to the opposing party involved in the dispute.

In accordance with Commission Rule 102.4(h), I hereby verify that a copy of this Independent Review Organization (IRO) Decision was sent to the carrier, the requestor and claimant via facsimile or U.S. Postal Service from the office of the IRO on this 30<sup>th</sup> day of May 2003.